



Ontario Health
Cancer Care Ontario



Position Statements for Nursing Practice in Cancer Care

Oncology Nursing Program

2021

For information or questions about this report, please contact the Oncology Nursing Program at: OH-CCO_Nursing@ontariohealth.ca.

Table of Contents

Introduction.....	3
Position Statements	4
References.....	6
Appendix 1: RN and RPN Practice: The Client, the Nurse and the Environment (2011).....	7
Appendix 2: Ontario Health (Cancer Care Ontario): Oncology Nursing Practice Continuum	9

Introduction

The health and supportive needs of those affected by cancer are central to the development of cancer care programs. Ontario Health (Cancer Care Ontario) works to meet the complex needs of those throughout the cancer continuum by driving quality, accountability, innovation and value to continually improve the performance of our healthcare system. Nurses are recognized as essential providers of cancer services and are key leaders in driving quality improvement within healthcare teams, practice settings, organizations, and communities.

Ontario Health (Cancer Care Ontario) acknowledges that all nurses, regardless of expertise, role, or practice setting, are likely to have contact with patients and families affected by cancer and will therefore require some level of capability in cancer care.¹ Oncology nurses work together with patients and families affected by cancer, and other healthcare providers in many settings and environments. Patients and families are entitled to care that is person-centred, coordinated, and responsive to their needs across all settings and across the cancer care continuum. Nurses collaborate to provide high-quality and safe care to improve patient and system outcomes and the patient experience.

Oncology nursing is recognized as an area of specialty nursing that requires specialized knowledge, skills and experience to meet the standards of care for patients affected by cancer.² The rapid expansion of new knowledge, research findings, treatments and technology highlight the challenging landscape of cancer care delivery to meet those standards established by the Canadian Association of Nurses in Oncology (CANO). A standardized approach for ensuring safe and high-quality specialized nursing care is through certification. It is identified as a mark of excellence that benefits the nurse, public, patient and healthcare organizations.³⁻⁸

Administering systemic cancer treatment, monitoring its impact, and managing related toxicities are highly specialized skills with unpredictable outcomes and require a high degree of critical thinking and autonomous independent assessment and decision-making skills. Nurses working in some clinical settings have variable access to the guidelines, standards, education and continuing competence programs, and the chemotherapy expertise required for optimal practice.⁹ Specialized education, preparation and training of the nurse administering systemic therapy ensures a safe level of care for patients receiving and the nurses administering these agents. Additionally, while demonstration of competence is required for entry into practice, this level of competence is fundamentally different from expert knowledge and skills required for specialized activities that pose a high risk of harm to the patient and the nurse. Ontario Health's (Cancer Care Ontario) Oncology Nursing Program, which includes 14 Regional Nursing Leads, supports a standardized approach to the education and certification of registered nurses who administer systemic therapies as a benchmark for excellence in patient safety.

These position statements are focused on highlighting the clinical contributions of nurses that may be combined with other role domains. They provide guidance on maintaining a high quality and sustainable oncology nursing workforce that provides exemplary cancer services that meet the needs of all Ontarians affected by cancer.

Position Statements

Statement 1:

Ontario Health (Cancer Care Ontario) acknowledges all nurses may be involved in and contribute to person-centred quality cancer services including: Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Registered Nurses (RNs), and Registered Practical Nurses (RPNs).

Statement 2:

Healthcare decision-makers and employers must utilize the College of Nurses of Ontario Practice Guideline for *RN and RPN Practice: The Client, the Nurse and the Environment* (2011)¹⁰ and apply the *Ontario Health (Cancer Care Ontario): Oncology Nursing Practice Continuum* when considering the introduction of clinical nursing roles to ensure exemplary, person-centred, high-quality cancer services that provide the right care, by the right provider, at the right time. (Appendices 1 and 2)

Statement 3:

All RNs, CNSs and NPs working primarily with patients and families with cancer should obtain and maintain Canadian Nursing Association (CNA) certification as the nationally recognized nursing specialty credential by their 5th year of practice. All RPNs should complete a relevant foundations course.

- RNs, CNSs and NPs should obtain CNA certification reflective of their main role and practice setting focus. E.g., Certified in Oncology Nursing (CON(C)), and/or Hospice Palliative Care (CHPCN(C))
- RPNs should complete a foundations course reflective of their main role and practice setting in Oncology or Palliative Care by an accredited Provincial College, Pallium Canada, Palliative Pain & Symptom Management Consultation Program of Southwestern Ontario, or the de Souza Institute
- Cancer care settings should strive to meet this mark of excellence that benefits the nurse, public and healthcare organizations¹¹

Statement 4:

Nurses working in practice settings that encounter patients and families affected by cancer less frequently should have access to CNA certified nurses to support their care OR complete a foundations course in Oncology/Palliative care, OR obtain CNA certification CON(C) or CHPCN(C).

Statement 5:

All registered nurses administering systemic parenteral therapy to patients with cancer, regardless of setting, will attain certification of competency through their hiring organization by meeting the standards outlined in the [Systemic Cancer Treatment Administration: Initial and Continuing Competence Standards for Registered Nurses](#), which includes components for:

- theoretical learning with evaluation, and
- supervised clinical practice with evaluation.^{12, 13}

Statement 6:

All registered nurses administering systemic parenteral therapy to patients with cancer, regardless of setting, should maintain their competence annually as outlined in the [*Systemic Cancer Treatment Administration: Initial and Continuing Competence Standards for Registered Nurses*](#), which include components for:

- self-reflection and professional development, and
- maintenance of knowledge and skill.^{12, 13}

References

1. CANO/ACIO (2019). Nursing Knowledge and Practice Framework and Toolkit for Cancer Care. <https://www.cano-acio.ca/page/practiceframework>
2. CANO/ACIO (2001). The CANO/ACIO Standards of Care. http://www.cano-acio.ca/page/standards_of_care
3. American Board of Nursing Specialties (ABNS). Promoting excellence in nursing certification: a position statement on the value of specialty nursing certification [position paper]. <https://www.aacn.org/sites/default/files/images/ABNS-cert-stat.pdf>
4. Cary, A. 2001. "Certified Registered Nurses: Results of the Study of the Certified Workforce." American Journal of Nursing 101(1): 44-52.
5. Niebuhr, B., & Biel, M. (2007). The value of specialty nursing certification. Nursing outlook (Science Direct), 55(4), 176-181.
6. Coleman EA, Coon SK, Lockhart K, et al. Effect of certification in oncology nursing on nursing-sensitive outcomes. Clin J Oncol Nurs. 2009;13(2):165-72.
7. Miller, P., & Boyle, D. (2008). Nursing specialty certification: A measure of expertise. Nursing Management, 39(10), 10–14.
8. Kendall-Gallagher D, Aiken LH, Sloane DM, Cimiotti JP. Nurse specialty certification, inpatient mortality, and failure to rescue. J Nurs Scholarsh. 2011;43(2):188-94.
9. CANO/ACIO. (2009). National Chemotherapy Administration Nursing Practice Strategy Phase I Final Report, p.24. Vancouver, British Columbia, Canada: Author.
10. College of Nurses of Ontario (2011). RN and RPN Practice: The Client, the Nurse and the Environment Practice Guideline. <http://www.cno.org/globalassets/docs/prac/41062.pdf>
11. Laura Rashleigh, Christine Zywine, Shari Moura. 2016. CANO Position Paper: Oncology Nursing Certification. CONJ 26(4): 349.
12. Accreditation Canada Standards for Cancer Care Qmentum Ver. 12, January 2017.
13. CANO/ACIO (2017). Standards and Competencies for Cancer Chemotherapy Nursing Practice. https://cdn.ymaws.com/www.cano-acio.ca/resource/resmgr/Resources/EN_CANO_Chemotherapy_Standar.pdf

Appendix 1: RN and RPN Practice: The Client, the Nurse and the Environment (2011)

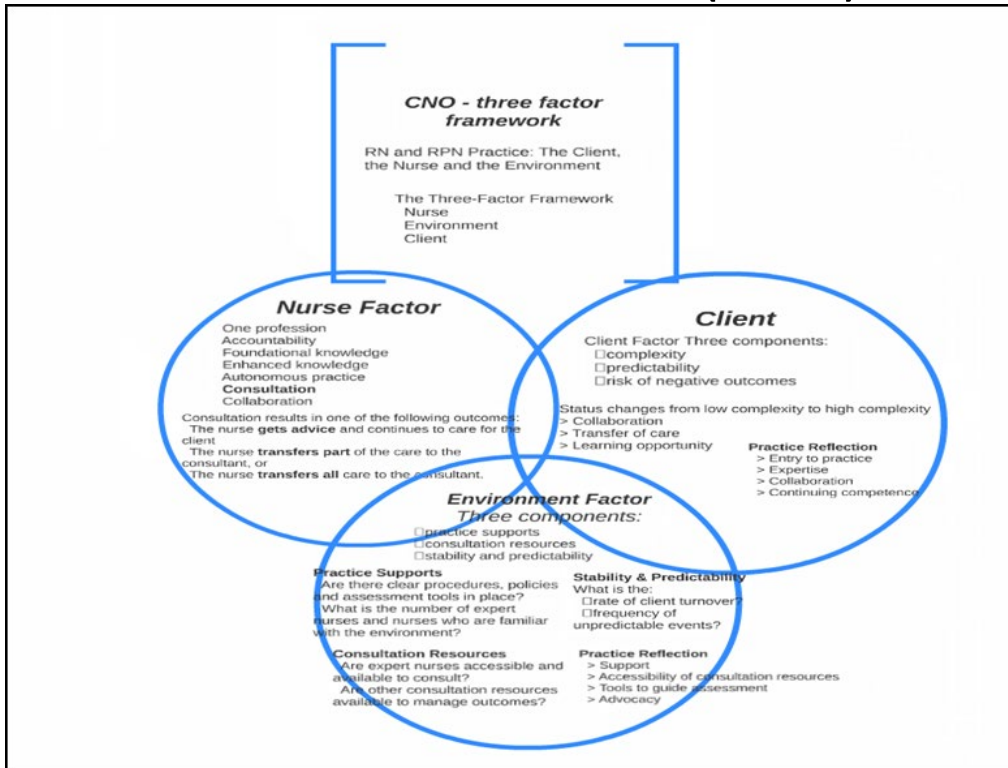


Figure 1. Making effective decisions about which nursing category (RN or RPN) to match with client needs involves considering three factors of equal importance: the client, the nurse and the environment, and deliberating on how they apply to the situation (College of Nurses of Ontario Practice Guideline, RN and RPN Practice: The Client, the Nurse and the Environment (2011)).

Client Continuum



Figure 2. The three client factors (complexity, predictability, and risk of negative outcomes) combine to create a representation of the client that can be placed on a continuum. The continuum goes from less complex, more predictable and low risk for negative outcomes, to highly complex, unpredictable and high risk for negative outcomes. All nurses can autonomously care for clients who have been identified as less complex, more predictable and at low risk of negative outcomes. The more complex the care requirements, the greater the need for consultation and/or the need for an RN to provide the full spectrum of care. (College of Nurses of Ontario Practice Guideline, RN and RPN Practice: The Client, the Nurse and the Environment (2011)).

Environment Continuum

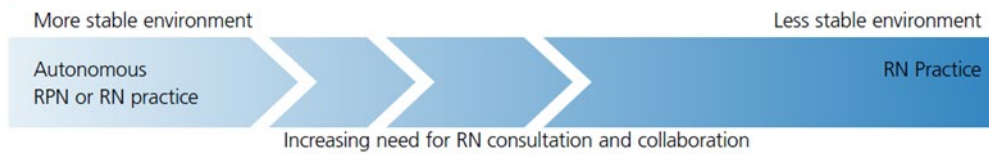


Figure 3. Environment factors include practice supports, consultation resources and the stability/predictability of the environment. Practice supports and consultation resources support nurses in clinical decision-making. The less stable these factors are, the greater the need for RN staffing. The less available the practice supports and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the areas of clinical practice, decision-making, critical thinking, leadership, research utilization and resource management (College of Nurses of Ontario Practice Guideline, RN and RPN Practice: The Client, the Nurse and the Environment (2011)).

Appendix 2: Ontario Health (Cancer Care Ontario): Oncology Nursing Practice Continuum

Tables adapted from College of Nurses of Ontario – *RN and RPN Practice: The Client, the Nurse, and the Environment (2011)*

Nursing Scope of Practice Statement: *The practice of nursing is the promotion of health and the assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function (Nursing Act, 1991).*

EDUCATION

Registered Practical Nurse (RPN)	Registered Nurse (RN)	Clinical Nurse Specialist (CNS)	Nurse Practitioner (NP)
<ul style="list-style-type: none"> - 2-3 year diploma in Practical Nursing from an approved College of Applied Arts and Technology - RPNs are nurses in the “general class” 	<ul style="list-style-type: none"> - 4-year University Bachelor’s degree in Nursing - RNs are nurses in the “general class” 	<ul style="list-style-type: none"> - Graduate education: Master’s of Nursing or Doctoral prepared, and expertise in a clinical specialty - CNSs are RNs in the “general class” 	<ul style="list-style-type: none"> - Graduate education: Master’s of Nursing or Doctoral prepared - Successful completion of an approved post-Master’s NP specialty certificate: <ul style="list-style-type: none"> - Nurse Practitioner-Adult (NP-Adult) - Nurse Practitioner-Pediatrics (NP-Pediatrics) - Nurse Practitioner-Primary Health Care (NP-PHC) - NPs are RNs in the Extended Class [RN(EC)]

CLIENT FACTORS

Decisions about nursing resources to match patient needs are influenced by patient complexity, predictability and risk of negative outcomes.

Factor	Autonomous RPN or RN Practice	RN Involved or Providing Care	CNS Involved or Providing Care	NP Involved or Providing Care
Complexity (including bio-psycho-social, cultural, emotional and health learning needs)	<ul style="list-style-type: none"> - care needs well-defined and established - coping mechanisms and support systems in place and effective - health condition well-controlled or managed - little fluctuation in health condition over time - few factors influencing the client's health - client is an individual, family, group or community 	<ul style="list-style-type: none"> - care needs not well-defined/ established or changing - coping mechanisms and supports unknown, not functioning or not in place - health condition not well-controlled or managed - requires close, frequent monitoring and reassessment - fluctuating health condition - many factors influencing the client's health - client is an individual, family, group, community or population 	<ul style="list-style-type: none"> - care needs may be established, not well-defined or changing - coping mechanisms and supports unknown, not functioning, not in place or may require more intense support - health condition would benefit from non-pharmacologic interventions or pharmacologic interventions in collaboration with physician - multiple factors influencing the client's health including client, treatment or psychosocial complexities - client is an individual, family, group, community or population 	<ul style="list-style-type: none"> - care needs may be undiagnosed in need of diagnostic tests, established, changing or undefined/unknown - coping mechanisms and supports unknown, not functioning, not in place or may require more intense support - health condition would benefit from pharmacologic and non-pharmacologic interventions - multiple factors influencing the client's health including client, co-morbidities, treatment or psychosocial complexities - client is an individual, family, group, community or population

Factor	Autonomous RPN or RN Practice	RN Involved or Providing Care	CNS Involved or Providing Care	NP Involved or Providing Care
Predictability	<ul style="list-style-type: none"> - predictable outcomes - predictable changes in health condition 	<ul style="list-style-type: none"> - unpredictable outcomes - unpredictable changes in health condition 	<ul style="list-style-type: none"> - unpredictable outcomes - unpredictable changes in health condition 	<ul style="list-style-type: none"> - unpredictable outcomes - unpredictable changes in health or medical condition
Risk of negative outcomes	<ul style="list-style-type: none"> - predictable, localized and manageable responses - signs and symptoms are obvious - low risk of negative outcomes 	<ul style="list-style-type: none"> - unpredictable, systemic or wide-ranging responses - signs and symptoms subtle and difficult to detect - high risk of negative outcomes 	<ul style="list-style-type: none"> - unpredictable, systemic or wide-ranging responses - signs and symptoms subtle and difficult to detect - high risk of negative outcomes 	<ul style="list-style-type: none"> - unpredictable, systemic multi-organ or wide-ranging responses - signs and symptoms may be multi-system, more frequent, more severe, subtle and difficult to detect - highest risk of negative outcomes

NURSE FACTORS

The factors that affect a nurse's ability to provide safe and ethical care to a given client include leadership, decision-making and critical-thinking skills. Other factors include the application of knowledge, knowing when and how to apply knowledge, and having the resources available to consult as needed.

Factor	RPN	RN	CNS	NP
Client	- Individuals, families and groups and communities	- Individuals, families and groups, communities, and populations	- Individuals, families and groups, communities, and populations	- Individuals, families and groups, communities, and populations
Direct practice assessment	- recognizes changes, probes further and manages or consults appropriately with RN or other health care team member	- anticipates and recognizes subtle changes, probes to assess further, identifies relevant factors, understands significance and manages appropriately	- anticipates and recognizes subtle changes, risks and complications, completes advanced comprehensive, or focused health assessment as appropriate for the client's situation - considers assessments conducted by other health care professionals as appropriate	- anticipates and recognizes subtle changes, risks and complications, completes advanced comprehensive, or focused health and medical assessment as appropriate for the client's situation - considers assessments conducted by other health care professionals as appropriate

Factor	RPN	RN	CNS	NP
Direct practice decision making	<ul style="list-style-type: none"> - transfers knowledge from similar situations through pattern recognition - makes decisions based on the analysis of available information - makes decisions by accessing a known range of options to solve problems 	<ul style="list-style-type: none"> - analyzes and synthesizes a wide range of information using a variety of frameworks or theories - makes decisions after actively seeking information and drawing on a comprehensive range of options to interpret, analyze and solve problems - anticipates many possibilities and makes proactive decisions 	<ul style="list-style-type: none"> - analyzes and synthesizes a wide range of information using a variety of frameworks or theories - reviews and analyzes test results and reports made by other health care professionals while investigating a patient's health problems - makes decisions after actively seeking information and drawing on a comprehensive range of options to interpret, analyze and solve problems - anticipates many possibilities and makes proactive decisions 	<ul style="list-style-type: none"> - determines and communicates a diagnosis or change in condition - orders and interprets test results and reports made by other health care professionals while considering differential diagnoses - analyzes and synthesizes a wide range of information using a variety of frameworks or theories - makes decisions after actively seeking information and drawing on a comprehensive range of options to interpret, analyze and solve problems - anticipates many predictable and unpredictable possibilities and makes proactive decisions

Factor	RPN	RN	CNS	NP
Direct practice planning	- develops plans of care to achieve identified client goals when overall care needs are less complex, outcomes are predictable and risk of negative outcomes is low	- plans broadly and over a longer time period, incorporating a variety of options and resources	- develops evidence-based treatment plans and next steps based on relevant clinical information, expected and unexpected outcomes, prognosis, and a variety of resources	- develops evidence-based treatment plans and next steps based on relevant medical and clinical information, expected and unexpected outcomes, prognosis, and a variety of resources
Direct practice care coordination	- coordinates care for less-complex clients	- coordinates care for complex clients	- coordinates care for more-complex clients through case management to ensure better access to supportive care and to advocate for health and social services that best meet patient/family needs	- coordinates care for most-complex clients where client or medical factors and treatment with most high-risk potential for harm are combined

Factor	RPN	RN	CNS	NP
Direct practice implementation	<ul style="list-style-type: none"> - meets identified nursing care needs of less-complex clients with predictable outcomes, including health teaching - meets current identified client care needs using a systematic framework for providing care (e.g., nursing process or theory) - selects from a known range of options - performs nursing interventions for which they can manage the client during and after the intervention or has access to resources - works in consultation with RNs and others to meet care needs of more-complex clients - provides elements of care for highly-complex clients when in close consultation with the RN directing that client's care 	<ul style="list-style-type: none"> - meets a wide range of nursing care needs of clients regardless of complexity and predictability, including health teaching - meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options - selects from a wide range of options - manages multiple nursing interventions simultaneously in rapidly changing situations - directs plans of care for highly complex clients 	<ul style="list-style-type: none"> - meets a wide range of nursing care needs of clients regardless of complexity and predictability - provides non-pharmacologic interventions and patient education - meets immediate and anticipated long-term client needs, drawing from a comprehensive assessment and range of options - selects from a wide range of options - manages multiple nursing interventions simultaneously in rapidly changing situations - directs plans of care for highly complex clients 	<ul style="list-style-type: none"> - prescribes pharmacologic and non-pharmacologic interventions as required to meet the client's needs - completes/reviews patient's medication history as a contributing factor in differential diagnosis, decision-making and care planning - patient education re: rationale for medication, expected therapeutic effects, potential side effects, contraindications and precautions, as appropriate - manages multiple medical and nursing health problems and interventions simultaneously in rapidly changing situations - monitors the client's response to treatment, and modifies the medical treatment plan as appropriate

Factor	RPN	RN	CNS	NP
Direct practice evaluation	<ul style="list-style-type: none"> - collaborates with client to evaluate overall goal achievement and modifies plans of care for less-complex clients - identifies expected outcomes of specific interventions and modifies plan of care in collaboration with client - recognizes deviations from predicted client response(s) and consults appropriately 	<ul style="list-style-type: none"> - collaborates with client to evaluate overall goal achievement and modifies plan of care - identifies and anticipates a multiplicity of outcomes and modifies plan of care in collaboration with client - recognizes, analyzes and interprets deviations from predicted client response(s) - modifies plan of care autonomously 	<ul style="list-style-type: none"> - collaborates with client to evaluate overall goal achievement and modifies plan of care - identifies and anticipates a multiplicity of outcomes and modifies plan of care in collaboration with client - recognizes, analyzes and interprets expected and unexpected client response(s) - modifies nursing plan of care autonomously and may recommend modifications to medical plan of care 	<ul style="list-style-type: none"> - collaborates with client to evaluate overall goal achievement and modifies medical and nursing plan of care - identifies and anticipates a multiplicity of outcomes and modifies medical and nursing plan of care in collaboration with client - recognizes, analyzes and interprets expected and unexpected client response(s) - modifies medical and nursing plan of care autonomously

Factor	RPN	RN	CNS	NP
Direct practice consultation	<ul style="list-style-type: none"> - consults with RNs and other health care team members about identified client needs 	<ul style="list-style-type: none"> - consults with other health care team members about a broad range of client needs - acts as a resource for RPNs to meet client needs 	<ul style="list-style-type: none"> - identifies, establishes, and maintains a consultative network of other health care professionals to meet client needs - consults other health care professionals when they encounter client care needs beyond the CNS scope of practice, or when a client would benefit from the expertise or advice of other health care professionals - acts as a resource for RNs and RPNs and other professionals 	<ul style="list-style-type: none"> - identifies, establishes, and maintains a consultative network of other health care professionals to meet client needs - consults other health care professionals and makes referrals when they encounter client care needs beyond the NP scope of practice, or when a client would benefit from the expertise or advice of other health care professionals - acts as a resource for RNs and RPNs and other professionals
Direct practice (other)	<ul style="list-style-type: none"> - delivers elements of established health programs 	<ul style="list-style-type: none"> - can design, coordinate and implement health programs 	<ul style="list-style-type: none"> - designs, coordinates, implements, and evaluates health programs as a change agent utilizing relevant theories and frameworks - acts as a resource, facilitator, coordinator, role model and advocate 	<ul style="list-style-type: none"> - designs, coordinates, implements, and evaluates health programs as a change agent utilizing relevant theories and frameworks

Factor	RPN	RN	CNS	NP
Leadership	<ul style="list-style-type: none"> - represents nursing and nursing care issues (e.g., participates in committees, working groups, union/regulatory activities) - acts as a preceptor to students and novice nurses - directs unregulated care providers, as appropriate - provides leadership through formal and informal roles 	<ul style="list-style-type: none"> - can assume role of leader within interprofessional team - provides leadership through formal and informal roles - acts as a preceptor to students and novice nurses - directs unregulated care providers, as appropriate - leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex 	<ul style="list-style-type: none"> - large component of role is to advance their specialty and provide clinical leadership as an agent of change in clinical practice and political processes throughout the health-care system - leads innovations and quality improvement initiatives to improve patient, program and system outcomes - key role in reducing the cost of acute healthcare services - helps influence health public policy - assumes role of leader within interprofessional team - educates nurses, students and other healthcare providers on the use of evidence-based practice - acts as a preceptor to students, nurses and novice CNSs - directs unregulated care providers, RPNs and RNs as appropriate 	<ul style="list-style-type: none"> - some component of role is to advance their specialty and provide clinical leadership as an agent of change in their practice - leads some quality improvement initiatives - key role in reducing the cost of acute healthcare services - helps influence health public policy - assumes role of leader within interprofessional team - provides leadership through formal and informal roles - educates nurses, students and other healthcare providers on the use of evidence-based practice - acts as a preceptor to students, nurses and novice NPs - directs and can delegate to unregulated care providers, RPNs and RNs as appropriate - leads team effort to develop

Factor	RPN	RN	CNS	NP
			<ul style="list-style-type: none"> - leads team effort to develop plans of care to achieve identified client goals when overall care requirements are more complex - responsibilities for organization and system leadership including improving nursing practice, knowledge translation of best practices, and health care delivery improvements 	<ul style="list-style-type: none"> - plans of care to achieve identified client goals when overall care requirements are more complex - some responsibilities for organization and system leadership including improving nursing practice, knowledge translation of best practices, and health care delivery improvements
Resource management	<ul style="list-style-type: none"> - contributes to appropriate resource utilization 	<ul style="list-style-type: none"> - can make decisions about and allocates resources at program/unit/organizational-level 	<ul style="list-style-type: none"> - makes decisions about and allocates resources at program/unit/organizational-level based on population health needs and evolving practice and healthcare environments 	<ul style="list-style-type: none"> - makes decisions about and allocates resources at program/unit/organizational-level based on population health needs and evolving practice and healthcare environments

Factor	RPN	RN	CNS	NP
Research	<ul style="list-style-type: none"> - participates in data collection for research - uses research to inform practice (e.g., practice guidelines) 	<ul style="list-style-type: none"> - critically evaluates theoretical and research-based approaches for application to practice - appraises the value of evidence, incorporates research into practice, develops research questions and participates on research teams - integrates theoretical and research-based approaches to design care and implement change 	<ul style="list-style-type: none"> - large component of role is focused on promoting and implementing evidence-based practice within teams and systems strengthening the link between research and clinical practice - role includes active scholarly and professional development - critically evaluates theoretical and research-based approaches and acts as a change agent to develop research questions and implement evidence-based care - assesses evidence from the literature and research studies, applies evidence to practice, uses an evidence-based practice model 	<ul style="list-style-type: none"> - critically evaluates theoretical and research-based approaches and acts as a change agent to develop research questions and implement evidence-based care - assesses evidence from the literature and research studies, applies evidence to practice, uses an evidence-based practice model - role may include active research scholarly and professional development

ENVIRONMENTAL FACTORS

Environmental factors include practice supports, consultation resources and the stability/predictability of the environment. The less available the practice supports and consultation resources are, the greater the need for more in-depth nursing competencies and skills in the areas of clinical practice, decision making, critical thinking, leadership, research utilization and resource management.

Factor	More Stable - RPN	Less Stable - RN	Less Stable-CNS	Less Stable - NP
Practice Supports	<ul style="list-style-type: none"> - clear and identified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools - high proportion of expert nurses or low proportion of novice nurses - high proportion of nurses familiar with the environment 	<ul style="list-style-type: none"> - unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools - low proportion of expert nurses or high proportion of novice nurses and unregulated staff - low proportion of nurses familiar with the environment 	<ul style="list-style-type: none"> - unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools - low proportion of advanced practice nurses or high proportion of novice nurses, RPNs, RNs, and unregulated staff - low proportion of nurses familiar with the environment 	<ul style="list-style-type: none"> - unclear or unidentified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools - low proportion of advanced practice nurses or high proportion of novice nurses, RPNs, RNs, and unregulated staff - low proportion of nurses familiar with the environment
Consultation resources	<ul style="list-style-type: none"> - many consultation resources available to manage outcomes 	<ul style="list-style-type: none"> - few consultation resources available to manage outcomes 	<ul style="list-style-type: none"> - fewer consultation resources available to manage outcomes - consults with physician and allied health professionals 	<ul style="list-style-type: none"> - fewer consultation resources available to manage outcomes - consults with physician and allied health professionals
Stability and predictability of the environment	<ul style="list-style-type: none"> - low rate of client turnover - few unpredictable events 	<ul style="list-style-type: none"> - high rate of client turnover - some unpredictable events 	<ul style="list-style-type: none"> - high rate of client turnover - many unpredictable events 	<ul style="list-style-type: none"> - high rate of client turnover - many unpredictable events

Bibliography

Canadian Nurses Association. Clinical Nurse Specialist Position Statement. Ottawa, ON: Author; 2016 [Available from]: https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/clinical-nurse-specialist-position-statement_2016.pdf?la=en

Canadian Nurses Association. Pan-Canadian Core Competencies for the Clinical Nurse Specialist. Ottawa, ON: Author; 2014 [Available from]: https://cna-aiic.ca/~media/cna/files/en/clinical_nurse_specialists_convention_handout_e.pdf

Cancer Care Ontario. Clarifying the Roles of Clinical Nurse Specialists and Nurse Practitioners in Delivery of Cancer Care in Ontario. Toronto, ON: Ontario Advanced Practice Nursing Community of Practice; 2017 [Available from]: <https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/3166>

College of Nurses of Ontario. Legislation and Regulation: RHPA: Scope of Practice, Controlled Acts Model. Toronto, ON: Author; 2011 [Available from]: http://www.cno.org/Global/docs/policy/41052_RHPAScope.pdf

College of Nurses of Ontario. Practice Guideline: RN and RPN Practice: The Client, the Nurse and the Environment. Toronto, ON: Author; 2011 [Available from]: <http://www.cno.org/Global/docs/prac/41062.pdf>

College of Nurses of Ontario. Practice Standard: Nurse Practitioner. Toronto, ON: Author; 2017 [Available from]: http://www.cno.org/Global/docs/prac/41038_StrdRnec.pdf

HealthForceOntario. Nursing Roles. Toronto, ON: Author; 2013 [Available from]: http://www.healthforceontario.ca/en/Home/Nurses/Training_%7C_Practising_Outside_Ontario/Nursing_Roles

Government of Ontario. Nursing Act, 1991, S.O., c. 32. Toronto, ON: Author; 1991 [Available from]: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91n32_e.htm (Amendment in 2017)